| Fill in this information to identify your case: | |
|---|--|
| United States Bankruptcy Court for the: DISTRICT OF MARYLAND | S Swar Provide Cont. |
| | 2019 MAY 31 PM 3: 49 |
| Chapter you are filing under: Chapter 7 Chapter 7 Chapter 11 Chapter 12 Chapter 13 | U.S. BANKRUPTCY COUR DISTRICT OF MARYLAND GREENBELT Check if this is an amended filing |
| Official Form 101 | 世分0108937 |

Voluntary Petition for Individuals Filing for Bankruptcy

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| in month, villation around quadricum | | | | |
|---|--|--|--|--|
| Identify Yourself | | | | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| ur full name | | | | |
| ite the name that is on your | QUINN | | | |
| | First name | First name | | |
| | KEANNA | | | |
| ssport). | Middle name | Middle name | | |
| na vour picture | COSTON-BURROUGHS | | | |
| ntification to your meeting the trustee. | Last name | Last name | | |
| | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| other names you | | | | |
| ve used in the last 8 | First name | First name | | |
| ars | KEANNA | | | |
| lude vour married or | Middle name | Middle name | | |
| iden names. | COSTON | | | |
| | Last name | Last name | | |
| | KEANNA | | | |
| | First name | First name | | |
| | ELAINE | | | |
| | Middle name | Middle name | | |
| | COSTON | | | |
| | Last name | Last name | | |
| allumo de arrando caso remandrinas segunos, escritor de secreto de escritor de escritor de como ancidar | and the second second section of the second section of the second section of the second secon | | | |
| ly the last 4 digits of ur Social Security | xxx - xx - <u>9</u> <u>7</u> <u>5</u> <u>3</u> | xxx - xx | | |
| mber or federal | OR | OR | | |
| lividual Taxpayer | 0 | 0 | | |
| entification number IN) | 9 xx - xx | 9 xx - xx | | |
| | ur full name te the name that is on your vernment-issued picture intification (for example, or driver's license or issport). In gyour picture intification to your meeting in the trustee. other names you we used in the last 8 ars lude your married or iden names. If the last 4 digits of our Social Security in the ror federal lividual Taxpayer intification number | te the name that is on your remment-issued picture ntification (for example, in the trustee. QUINN First name KEANNA Middle name COSTON-BURROUGHS Last name | | |

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QUINN K. COSTON-BURROUGHS Case number (if known)_ Debtor 1 About Debtor 2 (Spouse Only in a Joint Case): **About Debtor 1:** 4. Any business names ☐ I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN If Debtor 2 lives at a different address: 5. Where you live 3545 PROMENADE PLACE Number Street Number 103 **WALDORF** 20603 MD ZIP Code State ZIP Code CHARLES COUNTY County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send above, fill it in here. Note that the court will send any notices to this mailing address. any notices to you at this mailing address. Number Street Number Street P.O. Box P.O. Box State ZIP Code City ZIP Code City State 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, I bankruptcy have lived in this district longer than in any other have lived in this district longer than in any other district. district. ☐ I have another reason. Explain. ■ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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Case number (if known)_

QUINN K. COSTON-BURROUGHS

Debtor 1

| | i i strane i i i i i i i i i i i i i i i i i i i | ille | Last Name | | | | |
|-----------------------------|---|------------------------|--------------------------------------|--|--|---|--|
| P | art 2: Tell the Court Abou | ut Your B | ankrup | tcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | | | a brief description of e | | | U.S.C. § 342(b) for Individuals Filing ne appropriate box. |
| | are choosing to file under | ☑ Cha | pter 7 | | | | |
| | under | ☐ Cha | pter 11 | | | | |
| | | ☐ Cha | pter 12 | | | | |
| | | ☐ Cha | pter 13 | | | | |
| 8. How you will pay the fee | | loca your subr | l court fo self, you nitting y | or more details abo u may pay with cas | ut how you m h, cashier's c | nay pay. Typicall heck, or money | eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check |
| | | ☑ I nee | ed to pa ndividua | y the fee in instal Is to Pay The Filing | lments . If you g Fee in Insta | u choose this op Ilments (Official | ntion, sign and attach the <i>Application</i> Form 103A). |
| | | By la less pay t | aw, a jud than 15 the fee i | lge may, but is not 0% of the official po | required to, voverty line that ou choose th | vaive your fee, a at applies to you is option, you m | ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition. |
| 9. | Have you filed for | ☑ No | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | District | | When | MM / DD / YYYY | Case number |
| | | | District | | When | | Case number |
| | | | | | | MM / DD / YYYY | |
| | | | District | | When | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | ☑ No | | | | CONTRACTOR | |
| | cases pending or being filed by a spouse who is | _ | Debtor | | | | Relationship to you |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District _ | | When | MM / DD / YYYY | Case number, if known |
| | aiillate : | | Debtor | | | | Relationship to you |
| | | | | | | | Case number, if known |
| 11. | Do you rent your residence? | ☐ No. ☑ Yes. | No. | r landlord obtained ar Go to line 12. | ent About an E | | Against You (Form 101A) and file it as |

| 2. Are you a sole proprietor | No. Go to Part 4. | | | | | |
|--|--|--|--|--|--|--|
| of any full- or part-time business? | ☐ Yes. Name and location of business | | | | | |
| A sole proprietorship is a | Tes. Name and location of business | | | | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | Name of business, if any Number Street | | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | | |
| to this petition. | City State ZIP Code | | | | | |
| | Check the appropriate box to describe your business: | | | | | |
| | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | |
| | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | None of the above | | | | | |
| 3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or i any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. | | | | | |
| business debtor, see 11 U.S.C. § 101(51D). | ■ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| Part 4: Report if You Own o | or Have Any Hazardous Property or Any Property That Needs Immediate Attention | | | | | |
| 4. Do you own or have any | ☑ No | | | | | |
| property that poses or is alleged to pose a threat | ☐ Yes. What is the hazard?? | | | | | |
| of imminent and identifiable hazard to | | | | | | |
| public health or safety? Or do you own any property that needs | If immediate attention is needed, why is it needed? | | | | | |
| immediate attention? | II III III III II II II II II II II II | | | | | |
| For example, do you own | | | | | | |
| perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | |

Debtor 1

QUINN K. COSTON-BURROUGHS

| Case number | (if known) |
|-------------|------------|
| | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About | Debtor | 1: |
|-------|--------|----|
|-------|--------|----|

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | about |
|---|-------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| | | se number (if known) |
|---|---|--|
| First Name Middle Nam | ne Last Name | |
| Part 6: Answer These Que | stions for Reporting Purposes | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Coas "incurred by an individual primarily for a personal, fa | |
| you have? | ☐ No. Go to line 16b.☑ Yes. Go to line 17. | |
| | 16b. Are your debts primarily business debts? Bu money for a business or investment or through the open | |
| | □ No. Go to line 16c.□ Yes. Go to line 17. | |
| | 16c. State the type of debts you owe that are not consumer | r debts or business debts. |
| 17. Are you filing under Chapter 7? | ☐ No. I am not filing under Chapter 7. | AN - COM AND ADDRESS TO ANAL OPERATOR TO THE PERSON OF THE |
| Do you estimate that after any exempt property is excluded and administrative expenses | administrative expenses are paid that funds will be No | |
| are paid that funds will be available for distribution to unsecured creditors? | Yes | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | |
| 19. How much do you estimate your assets to be worth? | ☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | |
| Part 7: Sign Below | | |
| For you | I have examined this petition, and I declare under penalty correct. | of perjury that the information provided is true and |
| | If I have chosen to file under Chapter 7, I am aware that I n title 11, United States Code. I understand the relief available Chapter 7. | |
| | If no attorney represents me and I did not pay or agree to p this document, I have obtained and read the notice require | |
| | I request relief in accordance with the chapter of title 11, U | nited States Code, specified in this petition. |
| | I understand making a false statement, concealing property with a bankruptcy case can result in fines up to \$250,000, of 18 U.S.C. §§ 152, 1341, 1519, and 3571. | |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Executed on 5/3/19 | Executed on |

Debtor 1

QUINN K. COSTON-BURROUGHS

First Name

Middle Name

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption | n laws that apply. | |
|--|--|-------------------------|
| Are you aware that filing for bankru consequences? No Yes | ptcy is a serious action with long-te | rm financial and legal |
| Are you aware that bankruptcy frau inaccurate or incomplete, you could No Yes | - | bankruptcy forms are |
| Did you pay or agree to pay someo ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition F | ne who is not an attorney to help yo | · |
| By signing here, I acknowledge tha have read and understood this noticattorney may cause me to lose my | ce, and I am aware that filing a banl rights or property if I do not properly | kruptcy case without an |
| Quin Costo Bu | rroceps × | |
| Signature of Debtor 1 | artheta Signature of De | btor 2 |
| Date <u>5/3/19</u> MM/DD /YYYY | Date | MM / DD / YYYY |
| Contact phone 2029999016 | Contact phone | - |
| Cell phone 2029999016 | Cell phone | |
| Email address QUINNKCO@GMAIL.COM | Email address | |

CONTRACTOR CONTRACTOR

| Fill in this i | nformation to ide | ntify your case: | | | | | |
|--------------------|------------------------------------|------------------|------------|--|--|--|--|
| Debtor 1 | Debtor 1 QUINN K. COSTON-BURROUGHS | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing |) First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court for | the: DISTRICT O | F MARYLAND | | | | |
| Case number | (If known) | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own | | |
|--|---|----------------------------|--|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 19092.00 | |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 19092.00 | |
| art 2: Summarize Your Liabilities | | | |
| | Your lia Amount | bilities you owe | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 21336.00 | |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ | 34882.48 | |
| Your total liabilities | \$ | 56218.48 | |
| art 3: Summarize Your Income and Expenses | | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3926.16 | |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4588.15 | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

First Name Middle Name Last Name

Case number (if known)_______

| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
|----|--|---------------------------------|---|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. Yes | | Madrie - 3 de dermante Nota - popular tar est |
| 7. | What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo | | onal, |
| | Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | t of the form. Check this box a | nd submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | come from Official | \$3926.19 |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | |
| | From Part 4 on Schedule E/F, copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | |
| | 9d. Student loans. (Copy line 6f.) | \$11315.00 | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 | |
| | 9g. Total. Add lines 9a through 9f. | \$11315.00 | |

| Fill in this information to identify your case and this filing: | | | | |
|---|--------------------------|-------------|-------------|--|
| Debtor 1 | QUINN K. COST | TON-BURROUG | HS | |
| Debter 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the | DISTRICT | OF MARYLAND | |
| Case number | | | | |
| | | | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| Yes. Where is the property? 1.1. Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Current value of the Current value of the entire property? portion you own? | |
|---|---|---|---------------------------------------|
| | Land | \$ | \$ |
| City State ZIP Code | Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | · | , |
| County | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number: | | mmunity property |
| f you own or have more than one, list here: | property identification number. | | |
| 1.2. Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Street address, if available, or other description | ☐ Condominium or cooperative ☐ Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| City State ZIP Code | ☐ Land ☐ investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| County | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co | mmunity property |

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| Debtor 1 | | | | ver (if known) | |
|--|---|--|--|--|--|
| | | e Name Last Name | | | |
| | | | | | |
| | | | What is the property? Check all that apply. | Do not deduct secured cla | |
| 1.3. | | | Single-family home | the amount of any secure Creditors Who Have Clair | |
| | Street address, if available | e, or other description | Duplex or multi-unit building | | • • • |
| | | | Condominium or cooperative | entire property? | Current value of the portion you own? |
| | | | ☐ Manufactured or mobile home☐ Land | \$ | \$ |
| | | | ☐ Investment property | V | |
| | City | State ZIP Code | ☐ Timeshare | Describe the nature of | of your ownership |
| | ŕ | | Other | interest (such as fee the entireties, or a lif | simple, tenancy by |
| | | | Who has an interest in the property? Check one. | | |
| | | | Debtor 1 only | | |
| | County | - | Debtor 2 only | | |
| | | | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | | | ☐ At least one of the debtors and another | (see instructions) | |
| | | | Other information you wish to add about this ite property identification number: | | |
| 2. Add t | he dollar value of the r | portion you own for a | ll of your entries from Part 1, including any entries | s for pages | \$ 0.00 |
| | | | here. | | \$ |
| Part 2: | Describe Your \ | /ehicles | | | |
| Do you (you own | own, lease, or have leg | al or equitable interes | st in any vehicles, whether they are registered or i e, also report it on <i>Schedule G: Executory Contracts</i> a | • | s |
| Do you oyou own | own, lease, or have leg that someone else drive vans, trucks, tractors, | al or equitable interes | e, also report it on Schedule G: Executory Contracts a | • | s |
| Do you (you own | own, lease, or have leg that someone else drive vans, trucks, tractors, | al or equitable interes | e, also report it on Schedule G: Executory Contracts a | • | s |
| Oo you o you own 3. Cars, □ N | own, lease, or have leg that someone else drive vans, trucks, tractors, | al or equitable intereses. If you lease a vehicle | e, also report it on <i>Schedule G: Executory Contracts</i> a | • | s |
| Oo you o you own 3. Cars, □ N | own, lease, or have leg that someone else drive vans, trucks, tractors, | al or equitable interes | e, also report it on Schedule G: Executory Contracts and motorcycles Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured cla | aims or exemptions. Put |
| Do you oyou own B. Cars, D N | own, lease, or have leg that someone else drive vans, trucks, tractors, o es | al or equitable intereses. If you lease a vehicle | who has an interest in the property? Check one. | and Unexpired Leases. | aims or exemptions. Put d claims on <i>Schedule D:</i> |
| Do you oyou own B. Cars, D N | own, lease, or have leg that someone else drive vans, trucks, tractors, o es | al or equitable intereses. If you lease a vehicles, sport utility vehicles | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | and Unexpired Leases. Do not deduct secured class the amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. |
| Do you oyou own B. Cars, D N | own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: | LEXUS | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | and Unexpired Leases. Do not deduct secured clathe amount of any secure | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. |
| Do you oyou own B. Cars, D N | own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: | LEXUS RX350 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the |
| Do you oyou own B. Cars, D N | that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: | LEXUS RX350 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| Do you oyou own B. Cars, D N | own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: | LEXUS RX350 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| Do you oyou own 3. Cars, 1. N 1. Y | that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: | LEXUS RX350 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| Do you oyou own 3. Cars, N 2 Y | own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| Do you oyou own 3. Cars, N 2 Y | that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| Do you oyou own 3. Cars, N 2 Y | own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$15137.00 Do not deduct secured clair | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$15137.00 |
| Do you oyou own 3. Cars, N 1. Y 3.1. | bown, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: GOOD CONDITION | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$15137.00 | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$15137.00 aims or exemptions. Put d claims on Schedule D: |
| Do you oyou own 3. Cars, N 2 Y | that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: GOOD CONDITION own or have more than Make: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$15137.00 aims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| Do you oyou own 3. Cars, N 1. Y 3.1. | bown, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: GOOD CONDITION own or have more than Make: Model: Year: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 15137.00 Do not deduct secured clathe amount of any secure | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$15137.00 aims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| Do you oyou own 3. Cars, N 2 Y | that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: GOOD CONDITION own or have more than Make: Model: Year: Approximate mileage: Approximate mileage: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 15137.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 15137.00 aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the |
| Do you oyou own 3. Cars, N 1. Y 3.1. | bown, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: GOOD CONDITION own or have more than Make: Model: Year: | LEXUS RX350 2013 98500 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 15137.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 15137.00 aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the |

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QUINN K. COSTON-BURROUGHS Case number (if known) Debtor 1 Middle Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **☑** No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

15137.00

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Debtor 1

QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name

| Case number | (if known) |) | |
|-------------|------------|---|-------|
| | | | - |

| Part 3: Describe Your Personal and Household | Item |
|--|------|
|--|------|

| Do | you own or have any legal or equitable interest in any of the following items? | Current va portion yo Do not deduc or exemption | u own? ct secured claims |
|------|--|--|-----------------------------|
| 6. | Household goods and furnishings | | |
| | Examples: Major appliances, furniture, linens, china, kitchenware | | |
| | O No | | |
| | Yes. Describe BED, BEDDING, COOKING UTENSILS, COUCH, EATING UTENSILS, AND TOWELS | \$ | 800.00 |
| | Electronics | | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | | |
| | No Company Transfer and Transfe | 1 | 1900.00 |
| | Yes. Describe SMARTPHONES AND TVS | \$ | 1800.00 |
| 8. (| Collectibles of value | fit house of | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; | | |
| | stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | | |
| | ☑ No | | 0.00 |
| | Yes. Describe | \$ | 0.00 |
| a I | Equipment for sports and hobbies | arend | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | | |
| | and kayaks; carpentry tools; musical instruments | | |
| | ☑ No | | |
| | Yes. Describe | \$ | 0.00 |
| | | | |
| 10. | Firearms | | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ☑ No | | 0.00 |
| | Yes. Describe | \$ | 0.00 |
| 11. | Clothes | | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| | □ No | | |
| | Yes. Describe ALL CLOTHES AND FOOTWEAR | \$ | 500.00 |
| 12. | Jewelry | | |
| | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | | |
| | □ No □ Yes. DescribeWEDDING/ENGAGEMENT RING | \$ | 700.00 |
| | Yes. Describe | Ψ | |
| 13. | Non-farm animals | | |
| | Examples: Dogs, cats, birds, horses | | |
| | ☑ No | | |
| | Yes. Describe | \$ | 0.00 |
| | | | |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list | | |
| | ☑ No | | |
| | Yes. Give specific | \$ | 0.00 |
| | information | | |
| 15. | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | \$ | 3800.00 |
| | for Part 3, Write that number here | | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

t Name Middle Name Las

Case number (if known)

| Part 4: | Describe Yo | ur Financial Assets | | | |
|-----------------------------|---|---|---|------|-------|
| Do you o | Do you own or have any legal or equitable interest in any of the following? | | | | |
| 16. Cash Exam | | have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you file your petition | | |
| | | | Cash: | \$ | 5.00 |
| 17. Depos Exam | and other si | savings, or other financial accou imilar institutions. If you have m | unts; certificates of deposit; shares in credit unions, brokerage house: oultiple accounts with the same institution, list each. | 5, | |
| _ | 98 | | Institution name: | | |
| | | 17.1. Checking account: | NAVY FEDERAL CREDIT UNION | . \$ | 50.00 |
| | | 17.2. Checking account: | | \$ | |
| | | 17.3. Savings account: | NAVY FEDERAL CREDIT UNION | - \$ | 0.00 |
| | | 17.4. Savings account: | | - \$ | |
| | | 17.5. Certificates of deposit: | | - \$ | |
| | | 17.6. Other financial account; | | - \$ | |
| | | 17.7. Other financial account: | | . \$ | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| <i>Examp</i> ☑ No | oles: Bond funds, | Institution or issuer name: | erage firms, money market accounts | _ \$ | |
| | | - | | | |
| | | | | - \$ | |
| | | tock and interests in incorpo and joint venture | rated and unincorporated businesses, including an interest in | | |
| ☑ No | 1 | Name of entity: | % of ownership: | | |
| | s. Give specific ormation about | | % | \$ | |

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Debtor 1

QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name

Case number (if known)_____

| 20. | Negotiable instruments | orate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. In the same those you cannot transfer to someone by signing or delivering them. | |
|-----|--|--|-----------------|
| | ☑ No | | |
| | Yes. Give specific information about | Issuer name: | \$ |
| | them | | |
| | | | \$ |
| | | | |
| 21. | Retirement or pension Examples: Interests in II No | accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profi | t-sharing plans |
| | Yes. List each account separately. | Type of account: Institution name: | |
| | account separately. | | |
| | | 401(k) or similar plan: | |
| | | Pension plan: | \$ |
| | | IRA: | \$ |
| | | Retirement account: | <u> </u> |
| | | Keogh: | <u> </u> |
| | | Additional account: | <u> </u> |
| | | Additional account: | \$ |
| | | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunication | |
| | ☑ Yes | Institution name or individual: | |
| | | Electric: | s |
| | | Gas: | \$ |
| | | Heating oil: | |
| | | Security deposit on rental unit: WESTCHESTER AT THE PAVILION | s 100.00 |
| | | Prepaid rent: | |
| | | Telephone: | \$ |
| | | Water: | \$ |
| | | Rented furniture: | \$ |
| | | Other: | |
| | | | |
| 23. | Annuities (A contract for | a periodic payment of money to you, either for life or for a number of years) | |
| | ☑ No | | |
| | ☐ Yes | Issuer name and description: | |
| | | | \$ |
| | | | Ψ |
| | | | \$ |

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Case number (if known)_

Debtor 1

QUINN K. COSTON-BURROUGHS

| First Name Middle Name Last Name | | |
|--|--|---|
| 24. Interests in an education IRA, in an account in a qualified ABLE program | n, or under a qualified state tuition program. | |
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | | |
| ☑ No | | |
| ☐ YesInstitution name and description. Separately f | ile the records of any interests.11 U.S.C. § 521(c | ;) ; |
| | | ¢ |
| | | 5 |
| | | \$ |
| | | \$ |
| 25. Trusts, equitable or future interests in property (other than anything list exercisable for your benefit | ed in line 1), and rights or powers | |
| ☑ No | | |
| Yes. Give specific | | , |
| information about them | | \$0.00 |
| a white incredimental size flat flowers (i.e., in incredimental contents), and the desire in incredimental contents of the con | | C C C C C C C C C C C C C C C C C C C |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual process. Internet domain names, websites, proceeds from royalties and lice. | | |
| ✓ No | ensing agreements | |
| gramma managaman commissionem promissionem promissionem and the contract of th | | |
| Yes. Give specific information about them | | \$0.00 |
| Constitution and accommodate source of the constitution of the con | CONTRACTOR OF THE CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR | 700 |
| 27. Licenses, franchises, and other general intangibles | | |
| Examples: Building permits, exclusive licenses, cooperative association holdi | ings, liquor licenses, professional licenses | |
| ☑ No | | |
| ☐ Yes. Give specific | | \$ 0.00 |
| information about them | | \$ |
| Money or property owed to you? | | Current value of the portion you own? Do not deduct secured |
| | | claims or exemptions. |
| 28. Tax refunds owed to you | | |
| ☑ No | | |
| ☐ Yes. Give specific information | Federal: | \$ |
| about them, including whether you already filed the returns | State: | \$ |
| and the tax years | Local: | \$ |
| TO A STREET AND RESIDENCE AND ADDRESS OF THE PROPERTY OF THE P | | Ψ |
| - | | |
| 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, ma | aintenance divorce settlement, property settleme | nt |
| ☑ No | | |
| Yes. Give specific information | mades and a second seco | |
| — 100. Give operation information. | Alimony: | \$ |
| | Maintenance: | \$ |
| | Support: | \$ |
| | Divorce settlement: | \$ |
| | Property settlement: | \$ |
| 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, s Social Security benefits; unpaid loans you made to someone else | | |
| ☑ No | | |
| Yes. Give specific information | | 7 |
| · | | \$ |

Case 19-17426 Doc 1 Filed 05/31/19 Page 17 of 58 QUINN K. COSTON-BURROUGHS Debtor 1 Case number (if known 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No ☐ Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☑ No ☐ Yes. Describe each claim...... 0.00 35. Any financial assets you did not already list ☐ Yes. Give specific information..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 155.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe.....

Official Form 106A/B

Yes. Describe...

☐ No

39. Office equipment, furnishings, and supplies

Schedule A/B: Property

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

page 8

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| Debtor 1 QUINN K. COSTON-BURROUGHS Case number (if known) | |
|---|--|
| First Name Middle Name Last Name | |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| □ No | |
| Yes. Describe | A111 MINE 104 |
| | 3 |
| 41. Inventory | |
| □ No | entermonents of |
| ☐ Yes. Describe | \$ |
| | j |
| 42. Interests in partnerships or joint ventures | |
| □ No | |
| ☐ Yes. Describe Name of entity: % of ownershi | p: |
| % | \$ |
| % | \$ |
| % | \$ |
| 43. Customer lists, mailing lists, or other compilations | |
| □ No | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| Yes. Describe | Annualism for some |
| | \$ |
| 44. Any business-related property you did not already list | nic q - Ne-sitte milita |
| No | |
| Yes. Give specific | \$ |
| information | • |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here | \$0 |
| ioi i ait 5. Witte diat number nere | |
| | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interes | st In. |
| If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| ☑ No. Go to Part 7. | |
| ☐ Yes. Go to line 47. | |
| | Current value of the |
| | portion you own? Do not deduct secured claims |
| 47. Farm animals | or exemptions. |
| Examples: Livestock, poultry, farm-raised fish | |
| □ No | |
| ☐ Yes | |
| | \$ |

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| Debtor 1 QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name | Case number (if known) | |
|--|---|--|
| FIRST NAME WILLIE NAME LAST NAME | | |
| 48. Crops—either growing or harvested | | |
| — | | Andrew Control of the |
| Yes. Give specific | | |
| information | | \$ |
| 19. Farm and fishing equipment, implements, machinery, fixto No | ures, and tools of trade | |
| | | ************************************* |
| | | \$ |
| 60. Farm and fishing supplies, chemicals, and feed | 100000000000000000000000000000000000000 | + 15 + Additional continues (15 / 2011) |
| □ No | | |
| ☐ Yes | | and the first and the specific and the s |
| | | # defendence: 7/2 or 7-cus and relativistic and relativistic |
| 1. Any farm- and commercial fishing-related property you did | d not already list | |
| ☐ No☐ Yes. Give specific | | mananananangganggangganggangganggan |
| information | | \$ |
| | | Minute and the consistency of the constant of |
| Add the dollar value of all of your entries from Part 6, inclifor Part 6. Write that number here | uding any entries for pages you have attached | |
| | | |
| Yes. Give specific | | \$ |
| information | | \$ |
| The state of the s | | \$ |
| 4. Add the dollar value of all of your entries from Part 7. Write | e that number here | → s 0 |
| are the second of the second o | , max manuser riere | |
| | | |
| art 8: List the Totals of Each Part of this For | m | |
| 5. Part 1: Total real estate, line 2 | | → s 0.00 |
| 5. Part 2: Total vehicles, line 5 | 15137.00 | |
| | <u> </u> | |
| 7. Part 3: Total personal and household items, line 15 | \$ | |
| 3. Part 4: Total financial assets, line 36 | \$155.00 | |
| Part 5: Total business-related property, line 45 | ¢ 0 | |
| , , , | 0.00 | |
|). Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| Part 7: Total other property not listed, line 54 | +\$0 | |
| 2. Total personal property. Add lines 56 through 61 | \$ 19092.00 Copy personal proper | ty total → +s 19092.00 |
| | Copy personal proper | ty total 😙 🛨 💲 19092.00 |
| - | | 40000.00 |
| B. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$ 19092.00 |
| | | L |

Official Form 106A/B

| ebtor 1 QUI | INN K. COSTON-BURRO | UGHS | | |
|---|--|--|--|---|
| First N | lame Middle Name | Last Name | | |
| Spouse, if filing) First N | | Last Name | | |
| nited States Bankrı | uptcy Court for the: DISTRIC | T OF MARYLA | ND | _ |
| ase number f known) | | | | Check if this is a amended filing |
| | ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | | amonasa ming |
| fficial For | m 106C | | | |
| | | ertv You | Claim as Exemp | t 04/19 |
| | _ | | gether, both are equally responsible for | |
| ing the property yace is needed, fill | you listed on Schedule A/B: Prop | perty (Official Form 106A | /B) as your source, list the property that dditional Page as necessary. On the top | you claim as exempt. If more |
| | , | | | |
| • | | | mount of the exemption you claim. O fair market value of the property bein | _ |
| | | - | health aids, rights to receive certain | = - |
| | • | | claim an exemption of 100% of fair ma | |
| • | on to a particular dollar amour o the applicable statutory amo | | property is determined to exceed that | amount, your exemption |
| did be illilica to | o the apphousic statutory and | | | |
| 11 | ify the Property You Claim | as Exempt | | |
| art 1: Identi | my the rioperty roa olann | • | | |
| aller ident | ny the Froperty Fou Claim | • | | |
| <u></u> | exemptions are you claiming? | <u> </u> | your spouse is filing with you. | |
| Which set of e | exemptions are you claiming? | Check one only, even if kruptcy exemptions. 11 | , | |
| Which set of e | exemptions are you claiming? | Check one only, even if kruptcy exemptions. 11 | , | |
| Which set of e ☐ You are cla ☐ You are cla | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U | Check one only, even if kruptcy exemptions. 11 | U.S.C. § 522(b)(3) | |
| Which set of e ☐ You are cla ☐ You are cla | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U | Check one only, even if kruptcy exemptions. 11 | , | |
| Which set of e You are cla You are cla For any prope Brief descript | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U | Check one only, even if kruptcy exemptions. 11 | U.S.C. § 522(b)(3) | Specific laws that allow exemptio |
| Which set of e You are cla You are cla For any prope Brief descript | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U erty you list on Schedule A/B to | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemptions. | U.S.C. § 522(b)(3) | Specific laws that allow exemptio |
| Which set of e You are cla You are cla For any prope Brief descript Schedule A/B | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U erty you list on Schedule A/B to | Check one only, even if kruptcy exemptions. 11 S.C. § 522(b)(2) hat you claim as exemption of the portion you own Copy the value from | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption 11 U.S.C. § 522(d)(3) |
| Which set of e | exemptions are you claiming? aiming state and federal nonbant aiming federal exemptions. 11 U erty you list on Schedule A/B to tion of the property and line on a that lists this property | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 3 \$ 800.00 100% of fair market value, up to | · |
| Which set of e You are cla You are cla For any prope Brief descript Schedule A/B | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | 11 U.S.C. § 522(d)(3) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption you of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 3 \$ 800.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Which set of e | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\begin{align*} 800.00 \\ \text{100\% of fair market value, up to any applicable statutory limit} \end{align*} | 11 U.S.C. § 522(d)(3) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption you of the portion you own Copy the value from Schedule A/B | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. ② \$ 800.00 □ 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) that you claim as exemption you count of the portion you count of the portion you count of the schedule A/B \$ | D.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\(\) | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) that you claim as exemption you count of the portion you own Copy the value from Schedule A/B \$800.00 | D.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\(\) | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 CLOTHES | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) that you claim as exemption you count of the portion you count of the portion you count of the schedule A/B \$ | D.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\frac{800.00}{100\% \text{ of fair market value, up to any applicable statutory limit}} \$\frac{1800.00}{100\% \text{ of fair market value, up to any applicable statutory limit}} | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) |
| Which set of e | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U erty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 CLOTHES | Check one only, even if kruptcy exemptions. 11 I.S.C. § 522(b)(2) hat you claim as exemption you own Copy the value from Schedule A/B \$ 800.00 \$ 1800.00 | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. ② \$ 800.00 □ 100% of fair market value, up to any applicable statutory limit ② \$ 1800.00 □ 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claim | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U orty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 CLOTHES 11 | Check one only, even if kruptcy exemptions. 11 C.S.C. § 522(b)(2) Current value of the portion you own Copy the value from Schedule A/B \$ 800.00 \$ 1800.00 | U.S.C. § 522(b)(3) Ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) |
| Which set of e You are cla You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claim | exemptions are you claiming? aiming state and federal nonbank aiming federal exemptions. 11 U orty you list on Schedule A/B the tion of the property and line on that lists this property HOUSEHOLD GOODS 6 ELECTRONICS 7 CLOTHES 11 | Check one only, even if kruptcy exemptions. 11 C.S.C. § 522(b)(2) Current value of the portion you own Copy the value from Schedule A/B \$ 800.00 \$ 1800.00 | U.S.C. § 522(b)(3) ot, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. ② \$ 800.00 □ 100% of fair market value, up to any applicable statutory limit ② \$ 1800.00 □ 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) 11 U.S.C. § 522(d)(3) |

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Debtor 1

QUINN K. COSTON-BURROUGHS

First Name Middle Name Last Name Case number (if known)______

| Part 2: | Additional | Page |
|---------|------------|------|
| | | |

| Brief descript on <i>Schedule</i> | tion of the property and line A/B that lists this property | Current value portion you o | of the wn | Amount of the exemption you claim Specific laws that allow exemption |
|--------------------------------------|---|--------------------------------|--------------|--|
| | | Copy the value Schedule A/B | e from | Check only one box for each exemption |
| Brief description: | JEWELRY | \$ | 700.00 | ☑ \$ 700.00 11 U.S.C. § 522(d)(4) |
| Line from Schedule A/B: | 12 | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | CASH | \$ | 5.00 | ☑ \$5.00 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 16 | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | NAVY FEDERAL CREDIT UNION | \$ | 50.00 | ☑ \$50.00 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | _17 | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | NAVY FEDERAL CREDIT UNION | \$ | 0.00 | 1 1 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | <u>17</u> | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | WESTCHESTER AT THE PAVILION | \$ | 100.00 | 1 \$ 100.00 |
| Line from Schedule A/B: | 22 | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | | \$ | | □ \$ |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | | \$ | | □ \$ |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | | \$ | | □ \$ |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Brief description: - | · · | \$ | | □ \$ |
| Line from Schedule A/B: - | | | | 100% of fair market value, up to any applicable statutory limit |
| Brief description: - | | \$ | | □ \$ |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit |

| Fill in this information to identify your cas | se: | | | |
|--|--|--|---|--|
| Debtor 1 QUINN K. COSTON-BUF | RROUGHS | | | |
| First Name Middle N | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle N | Name Last Name | | | |
| United States Bankruptcy Court for the: DISTI | RICT OF MARYLAND | | | |
| | | | | |
| Case number (If known) | | | ☐ Check | if this is an |
| | | | amend | led filing |
| Official Form 106D | | | | |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Pro | perty | 12/15 |
| | If two married people are filing together, both are | | | |
| information. If more space is needed, copy | y the Additional Page, fill it out, number the entries | and attach it to thi | s form. On the top of | f any |
| additional pages, write your name and cas | se number (if known). | | | |
| 1. Do any creditors have claims secured b | v vour property? | | | |
| | n to the court with your other schedules. You have not | ning else to report on | this form. | |
| Yes. Fill in all of the information below. | , | mig also to report of | | |
| | | | | |
| Part 1: List All Secured Claims | | | | |
| | | Column A | Column B | Column C |
| List all secured claims. If a creditor has m for each claim. If more than one creditor has | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | , anount of olding | Value of collateral | Unsecured |
| As much as possible, list the claims in alph | abetical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 ALLY FINGL | Provide the control of the control o | _ | 15127.00 | • |
| ALLY FINCL Creditor's Name | Describe the property that secures the claim: | \$ | <u>\$ 15137.00</u> | .\$ |
| PO BOX 380901 | VEHICLE RX350 LEXUS | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply | <i>ı</i> . | | |
| BLOOMINGTON M 55438 | ☐ Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☑ Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | _ | | |
| community debt | 0402 | | | |
| Date debt was incurred 2.2 | Last 4 digits of account number 9493 | tion (CCC) was the distribution of the comment of t | CONTRACTION CONSERVATION OF A distribution distribution and A visit () () | Andrew Commencer Com |
| Creditor's Name | Describe the property that secures the claim: | \$ | _ \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply | • | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | · | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | _ | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | NA SIERRA DE LA CONTRACTOR DE LA CONTRAC | MANAGEMENT A DANNEY WAS DEED | VOIMON NAME OF THE SALE AND THE |
| Add the dollar value of your entries in C | Olumn A on this nage. Write that number here. | k 21071 17 | , I | |

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| Fi | ll in this information to identify your case: | | | | | |
|-----------------------------------|--|---|---|--|--|---------------------------------|
| D | ebtor 1 QUINN K. COSTON-BURROUG | GHS | | | | |
| " | First Name Middle Name | Last Name | | | | |
| | ebtor 2 pouse, if filing) First Name Middle Name | Last Name | | | | |
| 1 | nited States Bankruptcy Court for the: DISTRICT | | | | | |
| | | | | | ☐ Che | ck if this is an |
| | ase number f known) | | | | | nded filing |
| | fficial Form 106E/F | | | | | |
| | chedule E/F: Creditors V | Vho Have Unsecu | ırod Clair | nc | | 4044- |
| | | | | | - | 12/15 |
| List A/B cred nee any | as complete and accurate as possible. Use Part the other party to any executory contracts or use Property (Official Form 106A/B) and on School ditors with partially secured claims that are listeded, copy the Part you need, fill it out, number additional pages, write your name and case number that are listed. | unexpired leases that could result fule G: Executory Contracts and Lead in Schedule D: Creditors Who I the entries in the boxes on the lefumber (if known). | in a claim. Also li Inexpired Leases (Have Claims Secu | st executory c Official Form 1 red by Property | ontracts on S l06G). Do not v. If more spa | chedule include any ce is |
| | rt 1: List All of Your PRIORITY Unsecur | | | | | |
| 1 | Do any creditors have priority unsecured claim No. Go to Part 2. | s against you? | | | | |
| | Yes. | | | | | |
| 2. | List all of your priority unsecured claims. If a ci | reditor has more than one priority un | secured claim, list t | he creditor sepa | arately for eacl | n claim. For |
| | each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the | a claim has both priority and nonpri- | ority amounts, list th | nat claim here a | nd show both | priority and |
| | unsecured claims, fill out the Continuation Page of | Part 1. If more than one creditor hol | ds a particular clain | n, list the other o | creditors in Pa | rt 3. |
| | (For an explanation of each type of claim, see the | instructions for this form in the instru | ction booklet.) | | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | | | | | |
| | Priority Creditor's Name | Last 4 digits of account number | | \$ | _ \$ | _ \$ |
| | Newton | When was the debt incurred? | | | | |
| | Number Street | An afalon data is fill at the same | . | | | |
| | | As of the date you file, the claim i | s: Check all that apply | / . | | |
| | City State ZIP Code | ☐ Contingent☐ Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured c | laim: | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Domestic support obligations | | | | |
| | _ | Taxes and certain other debts you | • | | | |
| | ☐ Check if this claim is for a community debt | Claims for death or personal injury | while you were | | | |
| | Is the claim subject to offset? | intoxicated Other. Specify | | | | |
| | | | | | | |
| 2.2 | Commission and Commission (Commission Commission Commis | oo kumaan sa uu | | | | |
| | Priority Creditor's Name | Last 4 digits of account number | | \$ | \$ | _ \$ |
| | | When was the debt incurred? | | | | |
| | Number Street | As of the date you file, the claim is | s: Chack all that anni- | , | | |
| | | Contingent | s. Oneok all that apply | • | | |
| | City State ZIP Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Turns of BBIODITY | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured cl | aım: | | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligationsTaxes and certain other debts you | 41 | | | |
| | At least one of the debtors and another | ☐ Claims for death or personal injury | | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | write you were | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | ☐ No ☐ Yes | | | | | |
| | | | | | | |

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Debtor 1

| QUINN I | K. COSTON | I-BURROUGHS | Case number (if known) |
|---------|-------------|-------------|------------------------|
| | Middle Nome | Last Name | |

| Do. | 12 List All of Your | NONPRIORITY U | nsecured Clai | ims | | | |
|-----|--|---|--|--|---|----------|--|
| | | | | ···· | | | |
| | Do any creditors have no | | | | | | 9 |
| | ✓ No. You have nothing✓ Yes | to report in this part. S | Submit this form | to the court with your other schedules. | | | 1 |
| | | | | | | | |
| | nonpriority unsecured clair | m list the creditor sen | arately for each | ical order of the creditor who holds eact claim. For each claim listed, identify wha | it type of claim it is. Do not | i list c | laims aiready |
| | included in Part 1. If more | than one creditor hold | ls a particular cla | aim, list the other creditors in Part 3.If you | u have more than three no | nprio | rity unsecured |
| | claims fill out the Continua | ition Page of Part 2. | | | | | |
| | | | | | | To | otal claim |
| .1 | ADFINITAS MDICS AT CIVISTA | | | Last 4 digits of account number | UNKNOWN | | 1051.00 |
| | Nonpriority Creditor's Name | | | | | \$ | 1054.00 |
| | 701 CHARLES STREET | | | When was the debt incurred? | 2018 | | |
| | Number Street | | | | | | |
| | LA PLATA | MD State | 20646 ZIP Code | As of the date you file, the claim | is: Check all that apply. | | |
| | City | State | ZIF Code | _ | ,,,, | | |
| | Who incurred the debt? | Charle and | | ☐ Contingent☐ Unliquidated | | | |
| | Debtor 1 only | Check one. | | Disputed | | | |
| | Debtor 2 only | | | L Disputed | | | |
| | Debtor 1 and Debtor 2 of | only | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debte | ors and another | | ☐ Student loans | | | |
| | ☐ Check if this claim is | for a community deb | t | Obligations arising out of a separ that you did not report as priority | | | |
| | Is the claim subject to o | ffset? | | Debts to pension or profit-sharing | | s | |
| | ☑ No | | | ✓ Other Specify MEDICAL | | | |
| | ☐ Yes | | | | | | |
| 1.2 | | ACCUSATION OF CONTROL | 77. 4 30.00 | Last 4 digits of account number | 6277 | \$ | 2383.00 |
| ·.Z | AVANT Nonpriority Creditor's Name | | | When was the debt incurred? | 06/29/2018 | - | |
| | 222 N. LASALLE ST SUITE 170 | 00 | | Wildin trace tille doct in danied. | | | |
| | Number Street | | | <u> </u> | | | |
| | CHICAGO | IL | 60601 | As of the date you file, the claim | is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | | |
| | Who incurred the debt? | Check one. | | Unliquidated | | | |
| | Debtor 1 only | | | ☐ Disputed | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | Debtor 1 and Debtor 2 | • | | Student loans | | | |
| | At least one of the debt | ors and another | | Obligations arising out of a separ | ration agreement or divorce | | |
| | Check if this claim is | s for a community deb | ot | that you did not report as priority | claims | | |
| | Is the claim subject to o | ffset? | | Debts to pension or profit-sharing | g plans, and other similar debt | s | |
| | ☑ No | | | Other Specify personal load | | - | |
| | Yes | no processor transport accepts to administratively desired | igging distance in the Trick Section of the Section | 200mm/m - *** (大) 、 ・*** / 1 C (Mandalahan Mandalahan Mandalahan Mandalahan K.) *** *** *** *** *** *** *** *** *** | ndano - 5 a a existración con entre 50 to 1 ° 6 4 00 desenvalmente comprehenda entre del mission ex | | и технячания принцентического в 1 Gu715 г. ж. чени |
| 4.3 | CAPITAL ONE | | | Last 4 digits of account number | 9072 | | 2257.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 03/21/2014 | \$ | 2357.00 |
| | 11013 W BROAD ST | | | Wileii was the debt incurred: | _ | | |
| | Number Street | \/A | 22060 | | | | |
| | GLEN ALLEN City | VA State | 23060 ZIP Code | As of the date you file, the claim | is: Check all that apply. | | |
| | • | | Zii oodo | ☐ Contingent | | | |
| | Who incurred the debt? | 'Check one. | | Unliquidated | | | |
| | Debtor 1 only | | | Disputed | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 | only | | | d alalas | | |
| | At least one of the debt | | | Type of NONPRIORITY unsecu | irea ciaim: | | |
| | | | | Student loans | | | |
| | Check if this claim is | s for a community deb | π | Obligations arising out of a sepal that you did not report as priority | | | |
| | Is the claim subject to o | offset? | | Debts to pension or profit-sharing | | ts | |
| | ☑ No | | | Other Specific CREDIT CA | | | |

Yes

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Debtor 1

QUINN K. COSTON-BURROUGHS

iret Nama

Middle Name

Last Name

Case number (if known)_

| Part 2: | | | |
|---------|---|---|---|
| | • | ı | |
| | | | - |

| g any entities on this page, hull | ingi mem negin | ning with 4.4, followed by 4.5, and so forth. | Total claim |
|---|--|---|--|
| CAPITAL ONE | | Last 4 digits of account number 2720 | s 1236.00 |
| Nonpriority Creditor's Name | | | \$ 1230.00 |
| 11013 W BROAD ST | | When was the debt incurred? $03/21/2014$ | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| GLEN ALLEN Dity | VA 23060 | | |
| ily : | State ZIP Cod | Contingent | |
| Who incurred the debt? Check one. | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a communi | ty debt | you did not report as priority claims | |
| | ty debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | Other Specify CREDIT CARD | |
| Í No ☑ Yes | | | |
| anne menten et de la companya de la | indicate the section of the section | LINIZATA | \$ 1091.00 |
| CHILDRENS HOSPITAL onpriority Creditor's Name | | Last 4 digits of account number UNKNOWN | \$_1091.00 |
| | | When was the debt incurred? 2019 | |
| 11 MICHIGAN AVENUE NORTHWEST | | | |
| | DC 20010 | As of the date you file, the claim is: Check all that apply. | |
| ity | tate ZIP Code | Contingent | |
| | | ☐ Unliquidated | |
| Who incurred the debt? Check one. | | ☐ Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a communit | y debt | you did not report as priority claims | |
| the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 No | | Other. Specify_MEDICAL | |
| Yes | | | |
| CONTRACTOR | SCIIII — COMPANY COMPANY — COMPANY COM | | TO CO. The Control of |
| OMCAST | | Last 4 digits of account number UNKNOWN | \$ 668.72 |
| onpriority Creditor's Name | | | |
| 701 JOHN F KENNEDY BOULEVARD | | When was the debt incurred? 2018 | |
| umber Street HILADELPHIA | PA 19103 | As of the date you file, the claim is: Check all that apply. | |
| | ate ZIP Code | Contingent | |
| | | Unliquidated | |
| ho incurred the debt? Check one. | | Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a communit | y debt | you did not report as priority claims | |
| the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | |
| No | | Other. Specify CABLE | |
| INO | | | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

First Name Middle Name Last Name

Case number (if known)_

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| r art | |

| g, | pago, nambor an | beginning wit | th 4.4, followed by 4.5, and so forth. | | Total claim |
|---|-----------------|---|---|--|------------------|
| DISCOVERBANK | | | Last 4 digits of account number | 8378 | <u>\$ 1372.0</u> |
| Nonpriority Creditor's Name | | | When was the debt incurred? | 09/09/2007 | |
| POB 15316 | | | — | | |
| Number Street WILMINGTON | DE | 19850 | As of the date you file, the claim | is: Check all that apply. | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Chec | k one. | | ☐ Unliquidated☐ Disputed | | |
| Debtor 1 only | | | · | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecur | ed claim: | |
| ☐ At least one of the debtors ar | nd another | | Student loans | | |
| ☐ Check if this claim is for a | | | Obligations arising out of a separ you did not report as priority clair | ns | |
| s the claim subject to offset | • | | □ Debts to pension or profit-sharing□ Other. Specify CREDIT CA | g plans, and other similar debts | |
| s the claim subject to onset ✓ No | • | | Other. Specify ONLDIT OA | | |
| Yes | | | | | |
| ENHANCED RESOURCE CENTERS | | 3 C. Editor, venenned administrative venentative in Actions and | Last 4 digits of account number | 3339 | s 1395.0 |
| Nonpriority Creditor's Name | | | _ | | Ψ |
| 8014 BAYBERRY RD. | | | When was the debt incurred? | <u>11/16/20</u> 18 | |
| Number Street | | | As of the date you file, the claim | is: Check all that apply. | |
| JACKSONVILLE Dity | FL State | 32256 ZIP Code | | TO THE STATE OF TH | |
| , , , , , , , , , , , , , , , , , , , | State | 211 0000 | ☐ Contingent☐ Unliquidated | | |
| Who incurred the debt? Chec | k one. | | ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecur | ed claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors an | d another | | Student loans | | |
| | | | Obligations arising out of a separ you did not report as priority clair | | |
| Check if this claim is for a | community debt | | Debts to pension or profit-sharing | | |
| s the claim subject to offset | ? | | ☑ Other. Specify COLLECTIO | | |
| Z I No | | | | | |
| Yes | | | | | |
| NATIONWDE | | AAAAA CAMBA MINIMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | Last 4 digits of account number | 2949 | \$ 438.0 |
| Ionpriority Creditor's Name | | | | 11/20/2017 | |
| 5503 CHEROKEE AV S | | | When was the debt incurred? | <u>11/30/20</u> 17 | |
| lumber Street ALEXANDRIA | VA | 22312 | As of the date you file, the claim | is: Check all that apply. | |
| City | State | ZIP Code | Contingent | | |
| | | | Unliquidated | | |
| Who incurred the debt? Check | k one. | | ☐ Disputed | | |
| Debtor 1 only | | | Time of NONDOLOTTIC | - d -l-! | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Debtor I and Debtor 2 only ☐ At least one of the debtors an | d another | | Student loans | | |
| ☐ Check if this claim is for a | | | Obligations arising out of a separ you did not report as priority clain | ation agreement or divorce that | |
| | - | | Debts to pension or profit-sharing | plans, and other similar debts | |
| s the claim subject to offset? | • | | Other. Specify COLLECTIO | N | |
| Ž i No | | | | | |

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Debtor 1

QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name

| Case number (if known) | |
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| | ca. | • | 4 |

| r listing any entries on this p | age, number them begii | ning with 4.4, followed by 4.5, and so forth. | Total claim |
|-----------------------------------|--|---|-----------------------|
| NAVIENT | | Last 4 digits of account number 7494 | _{\$} 11315.0 |
| Nonpriority Creditor's Name | | 04/45/2000 | Ψ |
| PO BOX 9655 | | When was the debt incurred? $01/15/2008$ | |
| Number Street | <u> </u> | - Colored to the Colored to the Colored | |
| WILKES BARRE | PA 1877 | As of the date you file, the claim is: Check all that apply. | |
| City | State ZIP Co | de Contingent | |
| | | Unliquidated | |
| Who incurred the debt? Check | one. | Disputed | |
| Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☑ Student loans | |
| At least one of the debtors and | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | Other. Specify | |
| ☑ No | | | |
| Yes | | | 747 |
| NCB | 2. Commission Service Commission (April 1997) 1992 - CONTROLL CONTROLL CONTROLL CONTROLL CONTROL CO | Last 4 digits of account number 1000 | \$ <u>8193.</u> |
| Nonpriority Creditor's Name | | When was the debt incurred? 12/16/2016 | |
| 1 ALLIED DRIVE | | When was the debt incurred? 12/16/2016 | |
| Number Street | | As of the date you file the slaim is: Check all that anni- | |
| TREVOSE | PA 190 | As of the date you file, the claim is: Check all that apply. | |
| City | State ZIP Co | ode Contingent | |
| | | Unliquidated | |
| Who incurred the debt? Check | cone. | Disputed | |
| ✓ Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | Student loans | |
| ☐ At least one of the debtors and | d another | Obligations arising out of a separation agreement or divorce that | |
| | | you did not report as priority claims | |
| Check if this claim is for a | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | • | Other. Specify COLLECTION | |
| ☑ No | | | |
| Yes | | | |
| 3.14 to 1.14 to 9. | Carper 4- 4-2, 1—1 9 (2000) 1930 — 19 | Last 4 digits of account number UNKNOWN | \$ 300.0 |
| NEIBAUER DENTAL CARE | | Last 7 digits of account fluinber | |
| Nonpriority Creditor's Name | | When was the debt incurred? 2016 | |
| 6383 OXON HILL RD | | FINON TIMO CITO GODY INSULTION | |
| Number Street OXON HILL | MD 207 | | |
| City | State ZIP C | | |
| | | Unliquidated | |
| Who incurred the debt? Check | cone. | ☐ Disputed | |
| ☑ Debtor 1 only | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | ☐ Student loans | |
| At least one of the debtors an | d another | Obligations arising out of a separation agreement or divorce that | |
| Chack if this slaim is fee - | community daht | you did not report as priority claims | |
| Check if this claim is for a | community dept | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | • | Other. Specify MEDICAL | |
| ₫ No | | | |
| | | | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

| MOHAIA L | 003101 | 1-DUNNUUGH3 | |
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| | | | |
| ret Namo | Middle Name | Last Mana | |

Case number (if known)_____

| Part | 2: |
|------|----|
|------|----|

| Afte | er listing any entries on this page, nu | ımber the | em beginning with | 4.4, followed by 4.5, and so forth. | | Total claim |
|------|---|----------------------|--|---|---------------------------------|-------------|
| 4.13 | | | | | | |
| | PEDIATRIX MEDICAL GROUP | | | Last 4 digits of account number | <u>UNKNOWN</u> | s 25.00 |
| | Nonpriority Creditor's Name | | | | 2019 | · <u>-</u> |
| | P.O. BOX 88087 | | | - when was the dept incurred? | 2010 | |
| | Number Street CHICAGO | IL | 60680 | As of the date you file, the claim | is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecur | ed claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | | ☐ Student loans | | |
| | ☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes | nity debt | | □ Obligations arising out of a separ you did not report as priority clair □ Debts to pension or profit-sharing □ Other. Specify MEDICAL | ns | |
| 4.14 | PROGESSIVE | OMONOMININATO U tura | N. V. CANADONIA (M. 1921) - 1921 - 1920 (MARIEM MARIEM AND | Last 4 digits of account number | UNKNOWN | \$ 907.24 |
| | Nonpriority Creditor's Name | | | - When was the debt incurred? | 2016 | |
| | 256 WEST DATA DRIVE | | | - when was the debt incurred? | 2010 | |
| | Number Street DRAPER | | | As of the date you file, the claim | is: Check all that apply | |
| | City | UT State | 84020 ZIP Code | | To the one of that apply. | |
| | o.,y | State | ZIP Code | ☐ Contingent☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | | |
| | Debtor 1 only | | | □ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| | Debtor 1 and Debtor 2 only | | | _ | su Ciaiii. | |
| | ☐ At least one of the debtors and another | | | Student loans Obligations arising out of a senar. | | |
| | Charlet Making alaborate Association | | | Obligations arising out of a separation you did not report as priority claim | ation agreement or divorce that | |
| | ☐ Check if this claim is for a commun | nity debt | | Debts to pension or profit-sharing | | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | | ☑ Other. Specify LEASE-TO-C | OWN | |
| 1.15 | RECMGMTPART | (among squar | HERE OF SHEET SHEE | Last 4 digits of account number | 5082 | \$ 111.00 |
| | Nonpriority Creditor's Name | | | - Last + digits of account number | | |
| | 1312 W WESTRIDGE BLVD POB349 | | | When was the debt incurred? | <u>01/22/20</u> 18 | |
| | Number Street GREENSBURG | IN | 47240 | As of the date you file, the claim i | is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | | | | ☐ Disputed | | 1 |
| | Debtor 1 only Debtor 2 only | | | Town (MONET TO THE | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| | At least one of the debtors and another | | | Student loans | | |
| | | | | Obligations arising out of a separa | ation agreement or divorce that | |
| | Check if this claim is for a commun is the claim subject to offset? | ity debt | | you did not report as priority claim Debts to pension or profit-sharing | plans, and other similar debts | |
| | ☑ No ☐ Yes | | | ☑ Other. Specify COLLECTION | <u> </u> | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

| SOUMIAL | 1. COSTON | -BOININOUGH 13 | |
|----------|-------------|----------------|--|
| ret Name | Middle Name | Logt Name | |

Case number (if known)___

| | P | 7 | 7 | | 2 | |
|--|---|---|---|--|---|--|
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| er listing any entries on this p | page, number the | em beginning wi | ith 4.4, followed by 4.5, and so forth. | Total claim |
|---|--|--|--|------------------|
| SIERRA AUTO | | | Last 4 digits of account number 0001 | E0E 0/ |
| Nonpriority Creditor's Name | | | · · · _ · _ · _ · _ · _ · _ · _ · _ | \$ <u>585.00</u> |
| 5005 LBJ FWY SUITE 700 | | | When was the debt incurred? $02/18/2016$ | |
| Number Street | | | _ | |
| DALLAS | TX | 75244 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| What is soon and the state of | | | Unliquidated | |
| Who incurred the debt? Check | cone. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | | | ☐ Student loans | |
| At least one of the debtors and | d another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify AUTOMOBILE | |
| ☑ No | | | Other. Specify ACTOMODILL | |
| Yes | | | | |
| SMECO | (COPP) 1.11 | ilikooloonaa johki maanno makkii aanaanna kannooloonaa | Last 4 digits of account number UNKNOWN | s 384.36 |
| Nonpriority Creditor's Name | | | | \$ <u>004.00</u> |
| 15065 BURNT STORE ROAD | | | When was the debt incurred? 2019 | |
| Number Street | | | | |
| HUGHESVILLE | MD | 20637 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | □ Contingent | |
| | | | Unliquidated | |
| Who incurred the debt? Check | one. | | Disputed | |
| Debtor 1 only | | | · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and | l another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| | community acpt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | ☑ Other. Specify UTILITIES | |
| ☑ No ☐ Yes | | | | |
| TMOBILE | titus en situation de la company de la compa | TOTAL SHORE AND | Last 4 digits of account number UNKNOWN | \$ 500.00 |
| Nonpriority Creditor's Name | | | | |
| 12920 SOUTHEAST 38TH STREET | | | When was the debt incurred? 2016 | |
| Number Street BELLEVUE | WA | 98006 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| SAUL 1 | | | ☐ Unliquidated | |
| Who incurred the debt? Check | one. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| | unity webt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | Other. Specify CELL PHONE | |
| ᡚ № | | | · · · · · · · · · · · · · · · · · · · | |

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Debtor 1

QUINN K. COSTON-BURROUGHS

| QUININ N. | COSTON | -טטווווטטטוווט |
|-------------|-------------|----------------|
| · | | |
| Circl Mosso | Middle Name | 1 ast Name |

| Case number (if known) | |
|------------------------|--|
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| Dar4 2. | | | |
|---------|-----|----|----|
| | Pai | 71 | 2: |

| ter listing any entries on this p | page, number them b | eginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|--|---|-----------------|
| VERIZON FIOS | | | Last 4 digits of account number UNKNOWN | s 350.00 |
| Nonpriority Creditor's Name | | | | <u> </u> |
| 1095 6TH AVENUE | | | When was the debt incurred? | |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| NEW YORK | | 10036 | | |
| City | State Z | IP Code | ☐ Contingent☐ Unliquidated | |
| Who incurred the debt? Checi | k one. | | ☐ Disputed | |
| Debtor 1 only | | | Бізрисч | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors an | d another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | s community debt | | you did not report as priority claims | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ſ | | Other. Specify cable | |
| ☑ No □ Yes | | | | |
| 367 JA 2014 16 1-1000000000000000000000000000000000 | SECURIORIA - WALLY OF BEHAVIOR - SPECIAL SECURIORISMS | and the second s | | 217 16 |
| Uigila Harris | | | Last 4 digits of account number <u>UNKNOWN</u> | <u>\$217.16</u> |
| Nonpriority Creditor's Name | | | When was the debt incurred? 2017 | |
| 9135 PISCATAWAY ROAD | | | when was the debt incurred? <u>ZOTT</u> | |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| CLINTON | MD State 2 | 20735 ZIP Code | Contingent | |
| City | State 2 | ZIP Code | ☐ Unliquidated | |
| Who incurred the debt? Chec | k one. | | ☐ Disputed | |
| Debtor 1 only | | | — · · · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors ar | nd another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | a community debt | | you did not report as priority claims | |
| | | | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify MEDICAL | |
| Is the claim subject to offset in No | f | | Other. Specify MEDIO/(E | |
| ☑ Yes | | | | |
| and the state of t | re-Javaniannous Schödiger var konstantinininin Schödigerstein et en de | rs Section (en 12 /c) , - 24 en eur de decimination | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | ······································ | | When was the debt incurred? | |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| | - | | ☐ Unliquidated | |
| Who incurred the debt? Chec | ck one. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors a | nd another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for | a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset | 1? | | Other. Specify | |
| □ No | | | | |
| Yes | | | | |

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Debtor 1

QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name

Case number (if known)____

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| example, if a collection ager 2, then list the collection age | others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. F is trying to collect from you for a debt you owe to someone else, list the original creditor in P y here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 o lo not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit | arts 1 or or 2, list the |
|---|--|-----------------------------|
| | On which entry in Part 1 or Part 2 did you list the original credit | tor? |
| Name | | |
| | Line of (Check one): Part 1: Creditors with Priority Unse | cured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority U | Insecured Claim |
| | | |

| | Last 4 digits of account number |
|--|--|
| City State Z | P Code |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| City State Z | Last 4 digits of account number |
| Unity State — 2. На при | FOUR THE DESCRIPTION OF THE PROPERTY OF THE P |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| name | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| City State State Z | P Code |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Cheek analy D. Bort 1) Creditors with Drivity Unconvert Claims |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| City State Z | P Code Last 4 digits of account number |
| and the second s | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| City State Z proposition of the state of the | P Code |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | |
| City State Z | Last 4 digits of account number |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured |
| | Part 2: Creditors with Nonphority Unsecured Claims |
| | |
| City State Z | P Code Last 4 digits of account number |

Debtor 1

QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name

Case number (# known)_____

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|--------------|------------|--|-----|-------------|----------|
| Total claims | 6 | a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 61 | o. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 60 | c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 60 | d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e | e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total claim | |
| Total claims | 6f. | Student loans G. Obligations arising out of a separation agreement or divorce that you did not report as priority claims Sh. Debts to pension or profit-sharing plans, and other similar debts | 6f. | \$ | 11315.00 |
| from Part 2 | 6g. 6h. | | 6g. | \$ | 0.00 |
| | | | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 23567.48 |
| | | | | | |

| Fill in this | information to ide | entify your | case: | | | |
|--|---|--|--|--|--|---|
| Dahtas | QUINN K. CO | OSTON-B | URROUGHS | 3 | | |
| Debtor | First Name | | ddle Name | Last Name | | |
| Debtor 2 (Spouse If filin | n) First Name | Mic | ddle Name | Last Name | | |
| | | | | MARYLANI | o | |
| Case number | r | | | | | |
| (If known) | | | | | | Check if this is an amended filing |
| | | | | | | ŭ |
| Official | Form 1060 | 3 | | | | |
| | | | _ | | | |
| Sched | lule G: Ex | (ecut | ory Con | tracts and | d Unexpired Leases | 12/15 |
| information additional p 1. Do you No. 1 Yes 2. List sep exampl unexpir Person 2.1 WES Name | If more space is ages, write your repairs that the space is ages, write your repairs that the space is an arrately each persect of company with | needed, contained and contract differentiation become or compasse, cell phonon you | ts or unexpired m with the court elow even if the control one). See the inhave the control one | al page, fill it out, n known). I leases? with your other sche contracts or leases a n you have the con- istructions for this for | ogether, both are equally responsible for significant to the entries, and attach it to this page adules. You have nothing else to report on this are listed on Schedule A/B: Property (Official Footract or lease. Then state what each contract m in the instruction booklet for more examples. State what the contract or lease is | form. orm 106A/B). ct or lease is for (for soft executory contracts and |
| *************************************** | MALVERN ST | REET | | | _ | |
| Number \Λ/Δ1 | Street DORF | MD | 20603 | | | |
| City | JOIN | State | ZIP Code | | _ | |
| 2.2 | Might in the second state of the second state of the second state of the second state of the second | | 11.77,2000,000 | manage designs of the control of the | 1. The description of August 1995 and the control of the project of the control of the project of the control o | Wilderson Company |
| | | | | | | |
| Name | | | | | _ | |
| | | | | | | |
| Number | Street | | | | | |
| | | | | | _ | |
| City | and a second particle and the | State | ZIP Code | Parje og rinderfor en einer van erneger, gryner i van ag gegender ge | en e | · · · · · · · · · · · · · · · · · · · |
| 2.3 | | | | | | |
| Mana | | | | | _ | |
| Name | | | | | | |
| Number | Street | | | | _ | |
| | | | | | | |
| City | | State | ZIP Code | | _ | |
| department . | | · · · · · · · Auditivide Planes | | The state of the second st | BOTTON I I I I I I I I I I I I I I I I I I I | Freezondari Gulden (11) (11) (11) (11) (11) (11) (11) (11 |
| 2.4 | | | | | | |
| Name | | | | | _ | |
| | | | | | | |
| Number | Street | | | | _ | |
| | | | | | _ | |
| City | | State | ZID Code | | | |

| Fill in | this information to identify your ca | se: | | |
|--------------------|---|---|--|--|
| Debtor | QUINN K. COSTON-BU | | | |
| | First Name Middle | Name Lasi | Name | • |
| Debtor (Spouse | e, if filing) First Name Middle | | Name | |
| United | States Bankruptcy Court for the: DIST | RICT OF MAP | RYLAND | |
| Case n (If know | number wn) | | | Check if this is a amended filing |
| Offic | cial Form 106H | | | |
| | edule H: Your Co | debtors | | 12/15 |
| are filin | an together, both are equally respon | nsible for supplying c le left. Attach the Addi | orrect information. If n | s complete and accurate as possible. If two married peo nore space is needed, copy the Additional Page, fill it out ge. On the top of any Additional Pages, write your name a |
| 1. Do | you have any codebtors? (If you a | re filing a joint case, do | not list either spouse as | s a codebtor.) |
| , | No | | | |
| | Yes | | 44.44 | A (Community property states and territories include |
| 2. Wi | ithin the last 8 years, have you lived izona, California, Idaho, Louisiana, Ne | d in a community prop evada. New Mexico. Pu | erty state or territory? erto Rico, Texas, Wash | (Community property states and territories include ington, and Wisconsin.) |
| | No. Go to line 3. | , | , | |
| | Yes. Did your spouse, former spous | se, or legal equivalent li | ve with you at the time? | |
| | ☐ No | | | |
| | Yes. In which community state of | or territory did you live? | | Fill in the name and current address of that person. |
| ! | | | | |
| | Name of your spouse, former spouse, or | legal equivalent | | |
| 1 | • | | | |
| | Number Street | | | |
| | | State | ZIP Code | |
| | City | | | to the second se |
| st | hown in line 2 again as a codebtor | only if that person is a hedule E/F (Official Fo | guarantor or cosigne | rif your spouse is filing with you. List the person r. Make sure you have listed the creditor on tile G (Official Form 106G). Use Schedule D, |
| , S | chequie E/F, or Schedule 9 to fill 0 | at Column 2. | | |
| · (| Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.1 | KEITH BURROUGHS JR | | | Schedule D, line |
| 1 | Name 3545 PROMENADE PLACE | | | Schedule E/F, line |
| | Number Street | | | Schedule G, line 1 |
| į. | WALDORF | MD | 20603 | |
| 2.2 | City | State | ZIP Code | and the second s |
| 3.2 | Name | | | Schedule D, line |
| 4 | Name | | | ☐ Schedule E/F, line |
| ! | Number Street | | | ☐ Schedule G, line |
| | City | State | ZIP Code | The second of th |
| 3.3 | | | | Schedule D, line |
| | Name | | | Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | Number Succe | | | Goreanie O, mie |
| in the second | City | State | ZIP Code | The second secon |

| Fill in this information to identify | your case: | | | | |
|--|--|---|-----------------------|-----------------------------------|--|
| OLUNN K COSTO | | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | DISTRICT OF M | IARYLAND | | | |
| Case number(If known) | | | | Check if the | |
| (1.1.1.1.1.1) | | | | | ended filing plement showing postpetition chapter 13 |
| | | | | | e as of the following date: |
| Official Form 106I | | | | MM / D | DD / YYYY |
| Schedule I: You | r Income | | | | 12/15 |
| unplying correct information. If vo | ou are married and not fil se is not filing with you, top of any additional pa | ing jointly, and you do not include info | r spouse rmation a | is living with y bout your spo | or 2), both are equally responsible for you, include information about your spouruse. If more space is needed, attach a known). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☑ Employed ☐ Not employe | d | | ☑ Employed ☐ Not employed |
| Include part-time, seasonal, or self-employed work. | Occumention | Temp | | | CONTRACTOR |
| Occupation may include student or homemaker, if it applies. | Occupation | | | - | |
| | Employer's name | Contact1 | | | JACKSON AND TULL |
| | Employer's address | 1100 H St. NV Number Street | V Suite 5 | 20 | 2705 BLADENSBURG ROAD N |
| | | | | | |
| | | WASHINGTO | N DC | 20005 | WASHINGTON DC 20018 |
| | | City | State Z | P Code | City State ZIP Code |
| | How long employed the | ere? 2 weeks | | | 11 months |
| Part 2: Give Details About | Monthly Income | | | | |
| Estimate monthly income as of | the date you file this for | m. If you have nothir | ng to repor | for any line, w | rite \$0 in the space. Include your non-filing |
| spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a | ave more than one employ | er, combine the info | | | |
| | | | F | or Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sal deductions). If not paid monthly, | | | 2 | 2750.00 | \$ 2100.00 |
| 3. Estimate and list monthly over | rtime pay. | | 3. + \$_ | 0.00 | + \$0.00 |
| 4. Calculate gross income. Add li | ine 2 + line 3 | | 4 6 | 2750.00 | s 2200.00 |

Debtor 1

QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name

Case number (if known)_____

| | | For | Debtor 1 | | btor 2 or ing spouse | |
|--|---------------|------|----------|------|-------------------------|-------------------------|
| Copy line 4 here | → 4. | \$ | 2750.00 | \$ | 2200.00 | |
| 5. Indicate whether you have the payroll deductions below: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 337.53 | \$ | 375.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| 5e. Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | 508.00 | |
| 5g. Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| 5h. Other deductions. Specify: Garnishme | <u>nt</u> 5h. | + \$ | 0.00 | + \$ | 156.00 | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g | + 5h. 6. | \$ | 337.53 | \$ | 1039.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2412.47 | \$ | 1161.00 | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | 8a. | \$ | 353.72 | \$_ | 0.00 | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | |
| 8b. Interest and dividends | | \$ | 0.00 | \$_ | 0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a depo | endent | \$ | 0.00 | \$_ | 0.00 | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | |
| 8d. Unemployment compensation | | \$ | 0.00 | \$_ | 0.00 | |
| 8e. Social Security | | \$ | 0.00 | \$_ | 0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): Specify (Debtor 2 or Non-Filling Spouse): | | | | | | |
| | | \$ | 0.00 | \$_ | 0.00 | |
| 8g. Pension or retirement income | | \$ | 0.00 | \$_ | 0.00 | |
| 8h. Other monthly income. | | | | | | |
| Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse): | | | | | | |
| | | \$ | 0.00 | \$_ | 0.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | | \$ | 0.00 | \$ | 0.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | | \$_ | 2766.19 | + \$ | 1161.00 | \$ 3926.19 |
| 11. State all other regular contributions to the expenses that you list in So Include contributions from an unmarried partner, members of your household, your dependents, you relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available. | ır roommates, | | | | | |
| Specify: | | | · | _ | 11. 🕇 | <u>\$ 0.00</u> |
| 12. Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Your Assets and Liabilities and Cert | | | | , | e. 12. | 3926.19 |
| 12. Do you expect an increase or decrease within the year after you file to | his form? | | | | | Combined monthly income |
| Yes. Explain: | | | | | | |

| Fill in this information to ide | entify your case: | | | |
|---|----------------------------|---------------------------------|---|------------------------|
| Debtor 1 QUINN K. C | OSTON-BURROUGHS | | | |
| Debtor 2 | | Last Name | Check if this is: | |
| (Spouse, if filling) First Name | Middle Name | Last Name | An amended filing | |
| United States Bankruptcy Court fo | or the: DISTRICT OF | WARTLAND | A supplement showing poincome as of the following | ostpetition chapter 13 |
| Case number (If known) | | _ | MM / DD / YYYY | g date: |
| Attachment | on Additiona | al Employme | _ nt/Businesses | 12/15 |
| Fill in information about additional sole proprieto | | business, if any | | |
| business | Number Street | et | | |
| | | | | · |
| | City | | State ZIP Code | |
| | Check the appr | opriate box to describe your bu | usiness: | |
| | ☐ Health Care | Business (as defined in 11 U. | S.C. § 101(27A)) | |
| | | t Real Estate (as defined in 11 | | |
| | _ | (as defined in 11 U.S.C. § 101 | | |
| | <u></u> | Broker (as defined in 11 U.S.C | C. § 101(6)) | |
| | ☐ None of the | above | | |
| Fill in information about your additional | | Debtor 1 | Debtor 2 or non-fili | ng spouse |
| employments | 2. Occupation | Deskside Support II | | |
| | Employer's name | NPR | | |
| | Employer's address | 1111 North Capital St. | NE | |
| | | Number Street | Number Street | |
| | | | | |
| | | WASHINGTON DC | 20002 | |
| | Hamlan and La | | ZIP Code City | State ZIP Code |
| | How long employed th | ere? 1 month | | |
| | 3. Occupation | IT Technician | | |
| | Employer's name | RCA | | |
| | Employer's address | 11100 BILLINGSLEY | ROAD | |
| | • | Number Street | Number Street | |
| | | | | |
| | | WALDORF MD | 20602 | <u> </u> |
| | Have land arrest arrest of | | IP Code City | State ZIP Code |
| | How long employed the | ere? 1 year | | |

Schedule I: Your Income

| Fill in this information to identify your ages | | | |
|---|--|---|--|
| Fill in this information to identify your case: | | | |
| Debtor 1 QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name | Check if this | s iș: | |
| Debtor 2 | An amer | nded filina | |
| (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MARYLA | | ement showing post | petition chapter 13 |
| United States Bankruptcy Court for the: DISTINIOT OF WARTED | expense | es as of the following | g date: |
| Case number(If known) | MM / DD | / YYYY | |
| Official Form 106J | | | |
| Schedule J: Your Expenses | | | 12/15 |
| Be as complete and accurate as possible. If two married people are fil information. If more space is needed, attach another sheet to this form (if known). Answer every question. | | | • |
| Part 1: Describe Your Household | | | |
| 1. Is this a joint case? | | | - |
| ☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | |
| □ No | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | The section is a second | W VIII 70000 | THE PROPERTY OF THE PROPERTY O |
| Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | CHILD | 7 | ☐ No ☑ Yes |
| | CHILD | 1 | ☐ No ☑ Yes |
| | CHILD | 0 | ☐ No ☑ Yes |
| | | | ☐ No ☐ Yes |
| | | | ☐ No |
| | | | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? ✓ No ✓ Yes | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses | The state of the s | e e e de se estado de especia dos estados de especiales de especiales de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición | |
| | | | |
| Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date. | | | |
| Include expenses paid for with non-cash government assistance if you | ı know the value of | | |
| such assistance and have included it on Schedule I: Your Income (Off | icial Form 106l.) | Your expe | nses |
| The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | first mortgage payments and | 4. \$ | 1553.00 |
| If not included in line 4: | | | |
| 4a. Real estate taxes | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | 12.58 |
| 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association or condominium dues | | 4d. \$ | 0.00 |

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QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name Debtor 1

Case number (if known)_

| | | | Your ex | penses |
|-----|--|------|---------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 140.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 80.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 225,00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 500.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 524.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Personal care products and services | 10. | \$ | 80.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | Φ. | 190.00 |
| | Do not include car payments. | 12. | \$ | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 75.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 150.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 469.17 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 490.00 |
| | 17c. Other. Specify: | 17c. | \$ | |
| | 17d. Other. Specify: | 17d. | \$ | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| Debtor 1 QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name | Case number (if known) | |
|--|------------------------|--|
| 21. Other. Specify: | 21. | +\$0.00 |
| 22. Calculate your monthly expenses. | | The state of the s |
| 22a. Add lines 4 through 21. | 22a . | \$ 4588.75 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ 4588.75 |
| | | V MWW. |
| 23. Calculate your monthly net income. | | 2026 46 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$3926.16 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$4588.75 |
| 23c. Subtract your monthly expenses from your monthly income. | | s -662.59 |
| The result is your monthly net income. | 23c. | \$ |
| 24. Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you mortgage payment to increase or decrease because of a modification to the terms of your No. ☐ Yes. Explain here: | expect your | |
| | | |

| this information to identify your case: | | |
|---|--|------------------|
| OLINNIK COSTON BURBOUGHS | | |
| First Name Middle Name Last Name | | |
| or 2 se, if filing) First Name Middle Name Last Name | MANAGEMENT AND | |
| d States Bankruptcy Court for the: DISTRICT OF MARYLAN | 1D | |
| number | | |
| own) | | Check if this |
| | | amended fili |
| | | |
| fficial Form 106Dec | | |
| eclaration About an Individua | al Debtor's Schedules | 12/ |
| | · · · · · · · · · · · · · · · · · · · | |
| wo married people are filing together, both are equally responsible | for supplying correct information. | |
| ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | r case can result in fines up to \$250,000, or imprisonn | nent for up to 2 |
| | | nent for up to 2 |
| ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | | nent for up to 2 |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to help No | elp you fill out bankruptcy forms? | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to help No | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati | · |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he Yes. Name of person | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to help No | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he No Yes. Name of person Under penalty of perjury, I declare that I have read the summary ar | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he No No Yes. Name of person Under penalty of perjury, I declare that I have read the summary ar that they are true and correct. | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he No No Yes. Name of person Under penalty of perjury, I declare that I have read the summary ar that they are true and correct. | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). Ind schedules filed with this declaration and | |
| Sign Below Did you pay or agree to pay someone who is NOT an attorney to he Yes. Name of person Under penalty of perjury, I declare that I have read the summary and | elp you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declarati Signature (Official Form 119). Ind schedules filed with this declaration and | |

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| √um | Number Street Dity State |

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Case number (if known)

QUINN K. COSTON-BURROUGHS

Debtor 1

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes, Fill in the details. Debtor 2 Debtor Sources of income Sources of income **Gross income** Gross income Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ☑ Wages, commissions, ■ Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: ☑ Operating a business Operating a business ✓ Wages, commissions, Wages, commissions, For last calendar year: 50975 bonuses, tips bonuses, tips (January 1 to December 31, 2018 Operating a business Operating a business ☑ Wages, commissions, ■ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips 37253 (January 1 to December 31, $\frac{2017}{YYYY}$ Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. **☑** No ☐ Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from each source Describe below. Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2018) For the calendar year before that: (January 1 to December 31, 2017)

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Debtor 1

6.

QUINN K. COSTON-BURROUGHS First Name Middle Name Last Name

| Case number (if known) | |
|------------------------|--|
|------------------------|--|

List Certain Payments You Made Before You Filed for Bankruptcy

| | er Debtor 1's or Debtor 2's debts primarily o | | | | |
|-------|---|------------------------------------|--|-------------------------------|------------------------|
| ☐ No. | Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a perso | r consumer de nal, family, or h | ebts. Consumer debts ar nousehold purpose." | re defined in 11 U.S.C. § 101 | (8) as |
| | During the 90 days before you filed for bankru | ptcy, did you p | ay any creditor a total of | \$6,825* or more? | |
| | ☐ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do no | o not include p | avments for domestic su | ipport obligations, such as | |
| | * Subject to adjustment on 4/01/22 and every | | | | |
| ☑ Yes | Debtor 1 or Debtor 2 or both have primarily | | | • | |
| | During the 90 days before you filed for bankru | | | \$600 or more? | |
| | ☐ No. Go to line 7. | proj, ala you pr | sy any ordanor a total or | 4000 of more; | |
| | | | | | |
| | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen | domestic supp | ort obligations, such as | child support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | ALLY FINCL | | Φ. | • | |
| | Creditor's Name | | \$ | \$ | ☐ Mortgage |
| | PO BOX 380901 | | | | ☑ Car |
| | Number Street | | | | ☐ Credit card |
| | | | | | Loan repayment |
| | BLOOMINGTOI MN 55438 | | | | Suppliers or vendors |
| | City State ZIP Code | | | | ☐ Other |
| | | | | | |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | | | | | |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | ☐ Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | | | | |
| | | | • | | |
| | Creditor's Name | | \$ | _ \$ | ☐ Mortgage |
| | | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | ☐ Suppliers or vendors |
| | City State ZIP Code | | | | ☐ Other |
| | | | | | |

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| | First Name Middle Name Last Name | | | | |
|--|--|---|---|---|--|
| | | ligh (glageways — samma a talen salle kilorik vitarik vitarik kilorik | nadiolonium (k.). Printstigssinstigstigstigstigstigstigstigstigstigstig | grant og grandstattminde i kalein og er oppgyr om de delangsjölder (7.7.2). | gya (gillagagangagagana) assar ar a |
| s <i>ider:</i> rpora jent, i | n 1 year before you filed for bankruptcy, did as include your relatives; any general partners; ations of which you are an officer, director, persincluding one for a business you operate as a as child support and alimony. | relatives of any s son in control, or | general partners; p owner of 20% or r | artnerships of which nore of their voting | n you are a general partner; securities; and any managing |
| No | | | | | |
| | es. List all payments to an insider. | | | | |
| . , . | o. List all paymont to an install | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | | \$ | \$ | |
| In | nsider's Name | | Ψ | | |
| _ | | _ | | | |
| Ni | Number Street | | | | |
| - | | - | | | |
| _ | | _ | | | |
| С | City State ZIP Code | | | | The state of the s |
| | | | \$ | \$ | |
| In | nsider's Name | | | | |
| N | Number Street | | | | |
| | tunio. | | | | |
| | | | | | |
| _ | | | | | |
| ithin | City State ZIP Code | you make any į | payments or trans | fer any property o | n account of a debt that benefit |
| ithin n ins Iclude 1 No | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b | | payments or trans Total amount | fer any property o Amount you still | |
| ithin n ins clude 1 No | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b | oy an insider. | | | |
| ithin n ins clude 1 No | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins clude No Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b | oy an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| ithin n ins clude No Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b o es. List all payments that benefited an insider. | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins clude No Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b o es. List all payments that benefited an insider. | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins clude No Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned b o es. List all payments that benefited an insider. | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
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| ithin n ins clude | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned bes. List all payments that benefited an insider. | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins aclude No | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned bes. List all payments that benefited an insider. | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins aclude No | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned bes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin n ins clude No live No l | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned bes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin ins clude 1 No 1 Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned best. List all payments that benefited an insider. Insider's Name City State ZIP Code | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |
| ithin ins clude 1 No 1 Ye | n 1 year before you filed for bankruptcy, did sider? le payments on debts guaranteed or cosigned best. List all payments that benefited an insider. Insider's Name City State ZIP Code | oy an insider. Dates of | Total amount paid | Amount you still | Reason for this payment |

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QUINN K. COSTON-BURROUGHS Debtor 1 Case number (if known) Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **☑** No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title Court Name On appeal ☐ Concluded Number Street Case number City State ZIP Code Pending Case title Court Name On appeal Number ☐ Concluded Street Case number City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☑ No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. City Property was attached, seized, or levied. ZIP Code State Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed.

City

ZIP Code

Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

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Case number (if known)_

QUINN K. COSTON-BURROUGHS

Debtor 1

| counts or refuse to make a payment bed | cause you owed a debt? | | |
|--|--|---|-----|
| No Yes. Fill in the details. | | | |
| CAPITAL ONE | Describe the action the creditor took | Date action Amount was taken | |
| Creditor's Name 1680 CAPITAL ONE DRIVE Number Street | CLOSED MY ACCOUNT | 04/15/2019 \$ | 359 |
| MCLEAN VA 22102 City State ZIP Code | Last 4 digits of account number: XXXX | | |
| hin 1 year before you filed for bankrupt | cy, was any of your property in the possession o | an assignee for the benefit of | |
| ditors, a court-appointed receiver, a cu No | | - | |
| Yes | | | |
| | | | |
| List Certain Gifts and Contribu | | | |
| Yes. Fill in the details for each gift. | | | |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 | Describe the gifts | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the gifts | | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | | | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | \$\$Dates you gave Value | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | the gifts \$\$ \$ Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | the gifts \$\$ \$ Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | the gifts \$\$ \$ Dates you gave Value the gifts | - |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | the gifts \$\$ \$ Dates you gave Value the gifts | - |

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| | QUINN K. COSTON-BURRO | DUGHS Case number (if known) | | |
|------------------|---|--|------------------------------|---------------------------|
| Fi | irst Name Middle Name Last | t Name | | |
| | | | | |
| /ithin 2 v | vears before you filed for bankru | ptcy, did you give any gifts or contributions with a total val | ue of more than \$6 | 00 to any charity? |
| Z I No | oute persone you mount of building | proy, and you give any give or contributions with a total var | ac of more man wo | oo to any chanty: |
| | Fill in the details for each gift or con | And to the control of | | |
| ■ Yes.F | ill in the details for each gift or con | tribution. | | |
| | or contributions to charities | Describe what you contributed | Date you | Value |
| that to | total more than \$600 | | contributed | |
| | | | | |
| | | | | \$ |
| Charity's | s Name | | | |
| | | | | \$ |
| | | | | |
| Number | Street | | | |
| Number | Silect | | | |
| | | | | |
| City | State ZIP Code | | | |
| | | | | |
| | | | | |
| 6: L | List Certain Losses | | | |
| | ribe the property you lost and the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss | Value of property lost |
| | | claims on line 33 of Schedule A/B: Property. | | |
| | | en e | | |
| | | | | \$ |
| | | | | |
| | | | | |
| TA Lis | st Certain Payments or Tran | sfers | | |
| /ithin 1 y | ear before you filed for bankrup | tcy, did you or anyone else acting on your behalf pay or tra | nsfer any property | to anyone |
| ou consi | uited about seeking bankruptcy | or preparing a bankruptcy petition? | | • |
| clude an | y attorneys, bankruptcy petition pre | eparers, or credit counseling agencies for services required in y | our bankruptcy. | |
| 1 No | | | | |
| Yes. Fi | ill in the details. | | | |
| | | | | |
| | | Description and value of any property transferred | Date payment or transfer was | Amount of paymer |
| | Who Was Paid | Description and value of any property transferred | | Amount of paymer |
| Person | | | transfer was | Amount of paymer |
| | | | transfer was | Amount of paymer |
| Person | | | transfer was | Amount of paymen |
| Person | | | transfer was | Amount of payments \$ |
| Person | | | transfer was | Amount of paymer \$ \$ |
| Person Number | or Street | | transfer was | \$\$ |
| Person | or Street | | transfer was | \$\$ |
| Person Number | State ZIP Code | | transfer was | Amount of payments \$ \$ |

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| | Description and value of any property to | ransferred | Date payment or | Amount of |
|---|---|--|---|------------------------|
| | | | transfer was made | payment |
| Person Who Was Paid | | | | \$ |
| Number Street | | | | * |
| | | | | \$ |
| | | | | |
| City State ZIP Code | | | | |
| Email or website address | - | | | |
| Person Who Made the Payment, if Not You | | | | |
| not include any payment or transfer that your services. No Yes. Fill in the details. | ou listed off life 10. | | | |
| | Description and value of any property t | ransferred | Date payment or transfer was made | Amount of payr |
| Person Who Was Paid | | | : | |
| Number Street | | | · | \$ |
| | | | | • |
| | | | | \$ |
| City State ZIP Code hin 2 years before you filed for bankrup | otcy, did you sell, trade, or otherwise | transfer any propel | rty to anyone, other tha | an property |
| hin 2 years before you filed for bankrup nsferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you ha No | business or financial affairs? made as security (such as the granting o | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |
| hin 2 years before you filed for bankrup nsferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you ha No | business or financial affairs? made as security (such as the granting over already listed on this statement. Description and value of property | of a security interest | or mortgage on your pro | operty). Date transfe |
| hin 2 years before you filed for bankrup nsferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you ha No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting over already listed on this statement. Description and value of property | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |
| hin 2 years before you filed for bankrup insferred in the ordinary course of your ude both outright transfers and transfers in include gifts and transfers that you hat No Yes. Fill in the details. Person Who Received Transfer | business or financial affairs? made as security (such as the granting over already listed on this statement. Description and value of property | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |
| hin 2 years before you filed for bankrup insferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer | business or financial affairs? made as security (such as the granting over already listed on this statement. Description and value of property | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |
| hin 2 years before you filed for bankrup insferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code | business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property transferred | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |
| hin 2 years before you filed for bankrup insferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you han No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you | business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property transferred | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). Date transfe |
| nin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers ranot include gifts and transfers that you han No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you Person Who Received Transfer | business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property transferred | of a security interest Describe any prop or debts paid in ex | or mortgage on your pro | operty). |

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Case number (if known)_

QUINN K. COSTON-BURROUGHS
First Name Middle Name Last Name

Debtor 1

| are a beneficiary? (These are often called | , | | | |
|---|---|--|--|---|
| ☑ Yes. Fill in the details. | | | | |
| | Description and value of the prop | erty transferred | | Date transfer |
| | | | | was made |
| Name of trust | | | | |
| | _ ! | | | |
| | | -5.1 | | NA |
| 8: List Certain Financial Accoun | ts, Instruments, Safe Deposit | Boxes, and Storag | je Units | errendek a. e. a dan bin binganggi renggang A.Baharangan ap Nebesa di Ari |
| Vithin 1 year before you filed for bankrup | | | | henefit |
| losed, sold, moved, or transferred? | | | | |
| nclude checking, savings, money market | , or other financial accounts; cert | ificates of deposit; sh | ares in banks, credit un | ions, |
| rokerage houses, pension funds, coope INo | ratives, associations, and other fil | nancial institutions. | | |
| Yes. Fill in the details. | | | | |
| | Last 4 digits of account number | Type of account or | Data consumt ···· | 141 1 |
| | Last 4 digits of account number | instrument | Date account was closed, sold, moved, | Last balance before closing or transfer |
| PNC BANK | | | or transferred | |
| Name of Financial Institution | - xxxx_6204 | ☑ Checking | 06/23/2018 | • • |
| 6196 OXON HILL ROAD | ^^^^ <u>-22</u> 0 <u>+</u> | | 00/23/2018 | \$ <u> </u> |
| Number Street | | Savings | | |
| OVON LILL AND COTTE | | Money market | | |
| OXON HILL MD 20745 City State ZIP Code | | ☐ Brokerage | | |
| State Zir Goge | | Other | | |
| Name of Financial Institution | xxxx | ☐ Checking | | \$ |
| . value of t indicial institution | | ☐ Savings | | |
| | | | | |
| Number Street | | ☐ Money market | | |
| Number Street | | ☐ Money market☐ Brokerage | | |
| | | ☐ Brokerage | | |
| Number Street City State ZIP Code | | = | | |
| City State ZIP Code D you now have, or did you have within 1 | year before you filed for bankrup | ☐ Brokerage | box or other depository | for |
| City State ZIP Code D you now have, or did you have within 1 curities, cash, or other valuables? | year before you filed for bankrup | ☐ Brokerage | box or other depository | for |
| City State ZIP Code o you now have, or did you have within 1 curities, cash, or other valuables? | year before you filed for bankrup | ☐ Brokerage | oox or other depository | for |
| City State ZIP Code D you now have, or did you have within 1 curities, cash, or other valuables? | | ☐ Brokerage ☐ Other tcy, any safe deposit i | | |
| City State ZIP Code o you now have, or did you have within 1 curities, cash, or other valuables? | year before you filed for bankrup Who else had access to it? | ☐ Brokerage | | for Do you sti have it? |
| City State ZIP Code o you now have, or did you have within 1 curities, cash, or other valuables? | | ☐ Brokerage ☐ Other tcy, any safe deposit i | | Do you sti have it? |
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| City State ZIP Code o you now have, or did you have within 1 curities, cash, or other valuables? No Yes. Fill in the details. | | ☐ Brokerage ☐ Other tcy, any safe deposit i | | Do you sti have it? |
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| | E | DUGHS | Case number (if known) | |
|--|---|--|--|----------------------|
| | First Name Middle Name Las | t Name | | |
| | | or place other than your home wi | thin 1 year before you filed for bankruptcy? | |
| ☑ N° | | | | |
| ☐ Yes | s. Fill in the details. | 140 I I I I I I I I I I I I I I I I I I I | D M M M M M M M M M M | D |
| | | Who else has or had access to it? | Describe the contents | Do you stil have it? |
| | | | | □ No |
| <u> </u> | Name of Storage Facility | Name | ! | ☐ Yes |
| | | | | |
| N | Number Street | Number Street | : | |
| _ | | City State ZIP Code | ; | |
| _ | | Oity diate Zii dode | | |
| C | City State ZIP Code | | | ! |
| art 9: | Identify Property You Hold | or Control for Someone Else | | |
| | | | | |
| - | ou hold or control any property that s Id in trust for someone. | someone else owns? Include any | property you borrowed from, are storing for, | |
| ☑ No | | | | |
| | es. Fill in the details. | | | |
| | | Where is the property? | Describe the property | Value |
| | | | | |
| č | Owner's Name | | | \$ |
| _ | | Number Street | <u>-</u> | |
| N | Number Street | | | |
| | | **** | | |
| - | | | | |
| - c | City State ZIP Code | City State Z | P Code | |
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| | <u>·</u> | | P Code | |
| art 10: | <u>·</u> | mental Information | P Code | |
| art 10: or the p | Give Details About Environmental law means any federal, sta | mental Information nitions apply: te, or local statute or regulation c | oncerning pollution, contamination, releases | of |
| a rt 1 0: or the p <i>Enviro</i> hazar | Give Details About Environmental law means any federal, sta | mental Information nitions apply: ite, or local statute or regulation c or material into the air, land, soil, s | oncerning pollution, contamination, releases urface water, groundwater, or other medium, | of |
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City

State ZIP Code

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| ive you notified a | any governi | mental unit | of any release of hazardous m | aterial? | |
|--|---|---|--|--|---|
| No | | | e. any release of flazaruous III | latel lai f | |
| Yes. Fill in the | details. | | | | |
| | | | Governmental unit | Environmental law, if you know it | Date of notic |
| | | | | Environmental law, it you know it | Date of notic |
| | | | | | |
| Name of site | | | Governmental unit | | |
| Number Street | | | Number Street | Here is a second of the second | |
| | | | | | |
| | - | | City State ZIP Cod | de . | |
| City | State | ZIP Code | _ | | |
| , | 0.2.0 | Zii Code | | | |
| /e you been a pa | arty in any j | iudicial or a | dministrative proceeding unde | er any environmental law? Include settl | omonts and arders |
| No | | | , | and any annual law, moldae settle | ements and orders. |
| Yes. Fill in the | details. | | | | |
| | | | Court or agency | Nature of the case | Status of the |
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| Case title | | | | | ☐ Pending |
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| | | Name | Se number (if known) |
|--|--|--|--|
| | | Activity and property of the control | |
| | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Business Name | | A CONTRACTOR OF THE CONTRACTOR | |
| Number Street | | Name of accountant or bookkeeper | Dates business existed |
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| City | State ZIP Code | | From To |
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| thin 2 years before stitutions, creditor No Yes. Fill in the de | s, or other parties. | otcy, did you give a financial statement to a | nyone about your business? Include all financial |
| res. Fill III (lie de | etalis pelow. | Date issued | |
| | | 240 100404 | |
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| City Sign Below | | | |
| Sign Below nave read the answ nswers are true and connection with a | vers on this <i>Statement</i> d correct. I understand a bankruptcy case can 41, 1519, and 3571. | a that making a false statement, concealing result in fines up to \$250,000, or imprisoni | and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both. |
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Re: Quinn K. Coston-Burroughs

Overflow - Statement of Financial Affairs

Question 2:

Street 1

2313 Good Hope Ct. SE

Street 2

Apt. 203

City

Washington

State

DC

Zipcode

20020

Started At

2016-07-01

Ended At

2017-06-01

Street 1

2605 Henson Valley Way

City

Fort Washington

State

MD

Zipcode

20744

Started At

2015-08-10

Ended At

2016-07-01

DISTRICT OF MARYLAND

2019 MAY 31 PM 3: 49

IN THE UNITED STATES BANKRUPTCY QOURT FINE COURT DISTRICT OF MARYLAND GREENBELT

| IN RE: |) | | 10 - | 17426 |
|---------------------------|---|-----------|------|-------|
| QUINN K. COSTON-BURROUGHS |) | Case No | 19 | 11400 |
| Debtor. | | Chapter 7 | | |

VERIFICATION OF MATRIX

The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge.

Date: 5/31/19

Debtor Signature

During Control of the Control of

Adfinitas Mdics At Civista 701 Charles Street La Plata, MD 20646

Ally Fincl
Po Box 380901
Bloomington, MN 55438

Avant
222 N Lasalle St Suite 1700
Chicago, IL 60601

Capital One 11013 W Broad St Glen Allen, VA 23060

Comcast 1701 John F Kennedy Boulevard Philadelphia, PA 19103

Childrens Hospital
111 Michigan Avenue Northwest
Washington, DC 20010

Discoverbank
Pob 15316
Wilmington, DE 19850

Enhanced Resource Centers 8014 Bayberry Rd Jacksonville, FL 32256

Keith Burroughs Jr 3545 Promenade Place Waldorf, MD 20603

Nationwide 5503 Cherokee Av S Alexandria, VA 22312

Navient
Po Box 9655
Wilkes Barre, PA 18773

Ncb 1 Allied Drive Trevose, PA 19053

Neibauer Dental Care 6383 Oxon Hill Rd Oxon Hill, MD 20745

Pediatrix Medical Group P O Box 88087 Chicago, IL 60680 Progessive 256 West Data Drive Draper, UT 84020

Recmgmtpart 1312 W Westridge Blvd Pob 349 Greensburg, IN 47240

Sierra Auto 5005 Lbj Fwy Suite 700 Dallas, TX 75244

Smeco 15065 Burnt Store Road Hughesville, MD 20637

Tmobile 12920 Southeast 38th Street Bellevue, WA 98006

Verizon Fios 1095 6th Avenue New York, NY 10036

Vigila Harris 9135 Piscataway Road Clinton, MD 20735